



BELOIT POLICE DEPARTMENT



RECORDS REQUEST

Date of Incident:		Incident Number: (if known)	
Location of Incident:			
Type of Incident:			
Persons Involved: (Last Name, First Name, Middle Initial)		Sex/Race	Date of Birth
Relationship to subject(s) in the Information Requested: Please note that providing this information is not required, however, the information may assist the Department in responding to your request.			
Purpose of Request: Please note that providing this information is not required, however, the information may assist the Department in responding to your request.			
Requestor Information: Please note that providing this is not required, however, the information may assist the Department in responding to your request. If you choose not to provide this information, your request will be treated as an anonymous request.			
Name: (Last Name, First Name, Middle Initial)			
Phone Number:			
Mailing Address:			
Signature:		Date:	
<p>PLEASE NOTE: Under state law, a request for access to a public record "is deemed sufficient if it reasonably describes the requested record or information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the records does not constitute a sufficient request." §19.35(1)(h), Wis. Stats.</p> <p>A request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request." §19.35(1)(i), Wis. Stats. You are being asked this information on a voluntary basis.</p> <p>IF THE REQUESTED RECORD INCLUDES INFORMATION THAT IS RESTRICTED PER STATE STATUTE OR DEPARTMENT POLICY, THERE ARE LIMITATIONS ON WHAT CAN BE RELEASED AND TO WHOM IT CAN BE RELEASED. IF THE IDENTITY OF THE REQUESTOR CANNOT BE DETERMINED THE REQUEST MAY BE DENIED.</p> <p>If the requestor is a parent of a juvenile whose record or report is requested, proof of parentage is REQUIRED.</p> <p>Your request will be processed as soon as possible. The cost of copies of paper records is \$.25/page. See schedule of fees for electronic medium costs. Should the cost associated with reproduction of the requested record exceed \$5.00, prepayment of fees is required.</p>			
FOR PERSONNEL USE			
Received by:		Date Received:	Dissemination File #:

AUTHORIZATION FOR RELEASE

Certain information within Department files may only be released to authorized persons. If you feel that you meet one of the below exemptions, please check all statements below that allows you the authorization to obtain personal information:

I/We are authorized under the Federal DPPA to obtain the requested accident/incident report and personal information based upon the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Authorized for use, if the requestor demonstrates that they have obtained the written <u>and notarized</u> consent from the person about whom the information pertains. |
| <input type="checkbox"/> | <input type="checkbox"/> I am requesting a copy of a record containing my own information. |
| <input type="checkbox"/> | <input type="checkbox"/> I am a parent or legal guardian of a minor child and am requesting a copy of my child's record. |
| <input type="checkbox"/> | <input type="checkbox"/> I am requesting the record of another person and have attached their written and notarized consent . |
| <input type="checkbox"/> | 2. For use by a government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions. |
| <input type="checkbox"/> | 3. For use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles, motor vehicle parts and dealers, motor vehicle market research activities, including survey research, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992, and the Clean Air Act. |
| <input type="checkbox"/> | 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions. |
| <input type="checkbox"/> | 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions. |
| <input type="checkbox"/> | 6. For use by an authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to: |
| <input type="checkbox"/> | <input type="checkbox"/> Verify the accuracy of the personal information submitted by the individual to the business. |
| <input type="checkbox"/> | <input type="checkbox"/> If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. |
| <input type="checkbox"/> | 7. For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court. |
| <input type="checkbox"/> | 8. For use in research activities and producing statistical reports, as long as the personal information is not published, re-disclosed, or used to contact individuals. |
| <input type="checkbox"/> | 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following: |
| <input type="checkbox"/> | <input type="checkbox"/> Claims investigation; |
| <input type="checkbox"/> | <input type="checkbox"/> Anti-fraud activities; |
| <input type="checkbox"/> | <input type="checkbox"/> Rating or underwriting. |
| <input type="checkbox"/> | 10. For use in providing notice to the owners of towed or impounded vehicles. |
| <input type="checkbox"/> | 11. For use by an authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act. |
| <input type="checkbox"/> | 12. For use as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL). |
| <input type="checkbox"/> | 13. Authorized for use by an authorized representative or owner of a private toll transportation facility for use in the operation of the facility. |

The Driver Privacy Protection Act (DPPA) is enforced by the US Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an accident report or other police record, or the information was acquired through the Wisconsin Department of Transportation System and it is determined that these records are used for purposes other than as stated in this Request.

CERTIFICATION

I/We certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in civil and criminal penalties imposed under Title 18 U.S.C. Section 2724. I/We will also defend, indemnify, and hold harmless the City of Beloit and its employees or agents from all claims, actions, damages, or losses, arising from my/our representations made in the execution of this form, whether said representations were negligently or intentionally in nature made to said City

X

Signature of the Requestor

Date Signed